

## WISCONSIN ABSTINENCE INITIATIVE FOR YOUTH ANNUAL CLUB REPORT

Completion of this form is required under the provisions of [OMB Circular A-110.51](#). Failure to complete this form may result in a whole or partial suspension or termination of the club grant ([OMB Circular A-100.62b](#)) or participation in WAIY Club Network activities.

**INSTRUCTIONS:** This report is to be completed by organizations sponsoring a club in the Wisconsin Abstinence Initiative for Youth Club (WAIY) Network. It is required from any club receiving support through mini-grants, free or reduced cost training, access to a regional coordinator, or inclusion in other developments of the WAIY Club Network. The report is to be submitted to the Department of Health and Family Services Abstinence Program Consultant May 15 of each year.

### SECTION 1 - WAIY CLUB IDENTIFICATION INFORMATION

Sponsoring Organization Name		Club No.	Region
Mailing Address		City and Zip Code	
Authorized Agency Representative Name and Title	Telephone	Email Address	
Key Contact Name and Title within Organization	Telephone	Email Address	
Mailing Address		City and Zip Code	
Alternate Identification Information			
Club Advisor(s) Name(s) if Different from Key Contact	Telephone	Email Address	
Mailing Address		City and Zip Code	
Fiscal Agency Name if Different from Sponsoring Organization			
Fiscal Agency Representative Name and Title	Telephone	Email Address	
Mailing Address		City and Zip Code	

**SECTION 2 - GENERAL UPDATE AND REPORT**

Name of Club		Club Number	Date Club Started	Regional Coordinator	WAIY Region																																																		
No. of Females in Club	No. of Males in Club	No. of Youth Leaders In Club		No. of Youth who Attended a WAIY Training	No. of Adults who Attended a WAIY Training																																																		
Number of Youth That Learned the Six "Abstinence Pays Back" Messages				Number of Youth That Demonstrated an Ability to Identify and Explain at Least Five of the "Abstinence Pays Back" Messages																																																			
<b>Eight Discussion Topics - Check those discussed</b> <input type="checkbox"/> Basic Information and Definitions <input type="checkbox"/> Love <input type="checkbox"/> Friendships and Dating Relationships <input type="checkbox"/> Intimacy <input type="checkbox"/> Postponing Sex <input type="checkbox"/> Skills for Developing Strong Relationships <input type="checkbox"/> Looking for Love in All the Right Places <input type="checkbox"/> Self-Development and Self-Awareness				<b>Eight Monthly Activities - Check the Core Activity Goal or Goals Addressed for Each of the Eight Monthly Activities</b> <table border="1"> <thead> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Abstinence Promotion</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Fun</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Service</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Fund Raising</td> </tr> </tbody> </table>			1	2	3	4	5	6	7	8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abstinence Promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fund Raising
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<b>Monthly Discussions -</b> Describe any barriers to completing the eight discussions (such as registering later in the school year) and give any suggestions for future topics. If your club held more than the eight required topics, indicate how many.																																																							

**Monthly Activities -** Describe any barriers to completing the eight activities (such as registering later in the school year). If your club held more than the eight required activities, indicate how many.

**SECTION 2 CONTINUED - GENERAL UPDATE AND REPORT**

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**Highlights** - Describe any special events that were found to be successful and worth replicating in other clubs.

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**Challenges** - Describe any barriers to implementing the club and how they were addressed.

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**Youth Led Activities** - Describe how youth leadership skills and involvement in community were developed or built.

**SECTION 3 - ACHIEVEMENT AWARD LOG - MAKE COPIES OF THIS PAGE AS NEEDED**

Assign a number to each event or activity that earned achievement award points. For activity numbers and points, see the Achievement Award Activity List and Point Guide in the handbook.

Event/Activity No.	Brief Description of Event									
Date										
Total Achievement Points Earned	Record the activity number(s) included in the event under the appropriate category. (Show the points earned in parentheses.) See sample for the category of monthly discussion, activity1 in the last cell.									
	LTP	M	A	F	SL	FR	C	D	N	M Sample:
Event/Activity No.	Brief Description of Event									
Date										
Total Achievement Points Earned	Record the activity number(s) included in the event under the appropriate category. (Show the points earned in parentheses.) See sample for the category of monthly discussion, activity1 in the last cell.									
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	LTP	M	A	F	SL	FR	C	D	N	M Sample:

**SECTION 4 - DATA COLLECTION**

Include services to youth and adults through both club and outreach events.

**Federal Form 2—Unduplicated Count of Clients Served**

Collected by the U.S. Department of Health and Human Services' Abstinence Education Program.

Use this form to record the **total number** of clients you have served.

Do not count a client each time you have served him or her.

Males	Age in Years						
	<10	10-14	15-17	18-19	20-24	>24	Total
Non-Hispanic White							
Black							
Hispanic							
Others							
Females	Age in Years						
	<10	10-14	15-17	18-19	20-24	>24	Total
Non-Hispanic White							
Black							
Hispanic							
Others							
Total Males and Females							

**Federal Form 3—Total Encounters by Clients**

Collected by the U.S. Department of Health and Human Services' Abstinence Education Program.

Use this form to record the **total encounters** for all clients you have served.

If a client has attended 5 meetings or events, there should be 5 encounters recorded for that youth alone.

The total number of encounters (shaded box) will be higher than the total number of youth served (Federal Form 2).

Males	Age in Years						
	<10	10-14	15-17	18-19	20-24	>24	Total
Non-Hispanic White							
Black							
Hispanic							
Others							
Females	Age in Years						
	<10	10-14	15-17	18-19	20-24	>24	Total
Non-Hispanic White							
Black							
Hispanic							
Others							
<b>Total Males and Females</b>							

**SECTION 5 - WAIY CLUB LEDGER**

Date of event	Description of event and purchased item	Payment	Deposit	Balance

**SECTION 6 - SIGNATURE**

Name of Authorized Agency Representative	Title
<b>SIGNATURE</b> - Authorized Agency Representative	Date Signed

Submit completed form with attachments to:

Abstinence Program Consultant  
Department of Health and Family Services  
Division of Public Health, Room 351  
P.O. Box 2659  
One West Wilson Street  
Madison WI 53701-2659